



### Yucca Community Center

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## Youth Class Registration Form

• Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male:  Female:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

• Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

• Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

• Emergency Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

YOUTH CLASS	SESSION	\$FEE	STAFF INITIALS	COMMENTS

#### PARENT/PARTICIPANT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in this program. I understand the nature of this activity and know the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical conditions to participate in such activity. I agree to relive the City of Los Angeles Department of Recreation and Parks, its Officers, agents and employees from any liability in connection with any injury to my child in connection with this program. I understand that the Recreation Facility CARRIES NO INSURANCE. I, the undersigned parent of the child whose name appears above on this form, a minor, do hereby authorize YUCCA COMMUNITY CENTER as agents for the under-signed to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of their best judgment may deem advisable. This authorization shall remain effective for the duration of the program I have registered for unless revoked sooner in writing and delivered to said agent.

Monthly/Weekly fees are due before the first day of class/activity. No refunds unless class/activity is cancelled by administration. A 15% administration fee will be assessed to any patron granted a refund.

PRINT Parent/Guardian Name \_\_\_\_\_

Parent/Guardian SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_